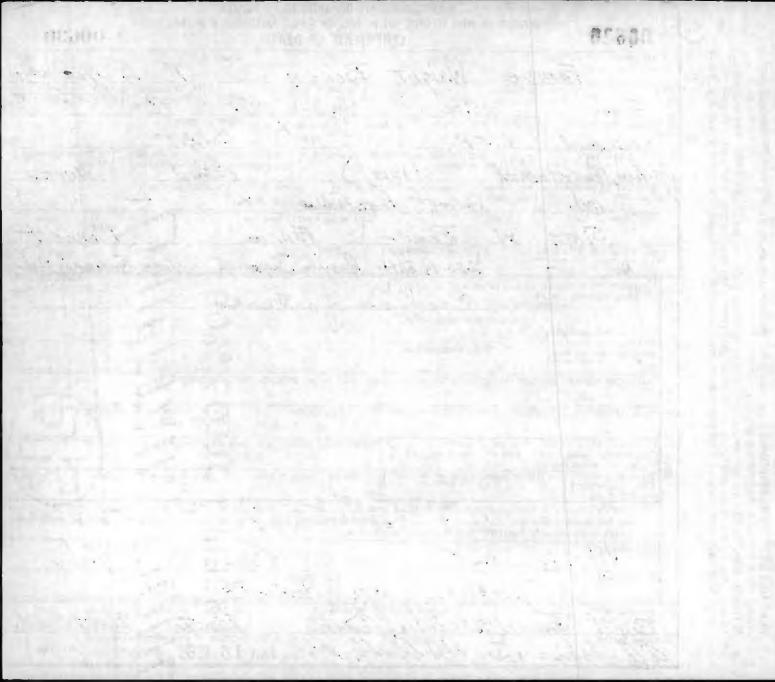
		00630	CER	RTIFICATE OF DEATH	HORE, MAKIDAND 21201	00630
funeral 1 and 2 her deeds		CEASED-NAME First ype or print) Fan	nie Whight	Boken	2a. DATE OF DEATH Month Day	2b. HOUR 25. HOUR
af	3. SE	female	4. RACE White	s. DATE OF BIRTH April 12, 18	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
ed in by apers. P	cour	Matulased	U. S.A. W	IDOWED DIVORCED	Canet	Md
ending physician and campletely filled in by the street of the please remove carban papers. Pagar removal, and in any event, within 72 haurs	A	ITY OR TOWN OF DEATH AS THE THE THE PROPERTY OF THE PROPERTY	11. NAME OF HOSPITAL OR INSTITUTIVE street address) Val d lived, if institution: Residence before 13c		OCCUPATION (Kind of work done of working life, even if retired.) 13e. STREET AND NUMBER	12b. KIND OF BUSINESS OR INDUSTRY
cample nave ca ny even	odmi	STATE ATHER'S NAME First	13b. COUNTY Colors + 13c	Is. MOTHER'S MAIDEN NAME FIRE	8 -	Lost
cian and case rer and in a	160.	ST/Q5 WAS DECEASED EVER IN U.S. ARME	ED FORCES? [16b. SOCIAL SECURITY NO.	,		Monnett-
g physic Then ple moval,	H	No -	r or dates of service) $4.20-14-88+1$ The course per line for (a), (b), and (k).)	1 Perry G. Bower	" S. Hince F.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the att burial-transit pen burial, cremation,		Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE ORCO	NDITION GIVEN IN PART 1(0)	
bee the court of t	CERTIFICATION	19a, DATE OF OPERATION 19b, C	ONDITION FOR WHICH OPERATION WAS PERFOR	MED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
H de la	DICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Doy Yeor P.M. 19	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, I	tem 18.)
this ce detache te Dept.	W.	at work at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.		City or Town	County State
TO FUNERAL DIRECTOR: After this certification, page 3 should be detached should be filed with the State Dept. o		causes stated abave,	s haspital) attended the deceased five an19 (1) (we) (did) (did nat) view the bad		ian death occurred an the da	
DIRECT ge 3 sh lied with		22b. SIGNATURE A DOC		DEGREE ATTENDING MEI	D. STAFF D 22c. 1	DATE SIGNED
ctar, po	02-	NAME (Type)	Weem, T	M.D Hunting	Power Md. 23d. LOCATION (Gity or Town)	(5-1)
dire sho	230.	BURIAL, CREMATION 236 D. REMOVAL (Specify)	17/0/5/	OK CKEMATOKT	25d. the How (Gly of Town)	(County) (Stote)

VR A15 (4) 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

250. REC'D BY REGISTRAR DATE JAN 15

2Sb.

000	631	VISION OF THE RE		ICATE OF		OKE, MAKI DAKO 212		631
1. DECEASED-NAI (Type or prin		v Wil	de liam	Burkma		2a. DATE OF DEATH Manth	Doy Yeo	2b. Hour 968 8:30 p.M
3. SEX ma]	1	white		S. DATE OF B	rth 5-92	6. AGE (In year last birthday	OTS IF UNDER 1 YE	
	Stote or foreign 7b.	U.S.A.	? 8. MARRI WIDOW	ED NEVER MAR	RIED 9.	County OF DEATH Calvert Co	ounty	Md
Prince	wn of DEATH Frederic	mine remain address	County	Hospital	12a, USUAL Couring most	OCCUPATION (Kind of work of working life, even if ret armer	dane 12b. KIN ired.) INDUSTR	of Business or
13a. USUAL RESIDENT STA	IDENCE (Where deceased in	ved, if institution: Residence 136. COUNTY Calvert	a hafara - 13/ CITY	or town blic	13d. INSIDE CITY LIMITE YES NO	13e. STREET AND NUME	SER	
14. FATHER'S NA		Middle	Last	IS. MOTHER'S M	AIDEN NAME First	Mie	ddle	Last
	William	Bu	rkman		Ber	tha		Rex
	ASED EVER IN U.S. ARMED	dates of consists)		7. INFORMANT		Add	lress	
Yes, no, or ur	nknown) (If yes give war or	219-2	0-5117	H. Ler	by Burk	man Port	Repub!	lic, Md.
rise to im stating th last.	s, if any, which gave a mediate cause (a), le underlying cause (b). OTHER SIGNIFICANT CONDITION	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEA	JENCE OF	neg 2 B-) TO THE TERMINA	ladde	DITION GIVEN IN PART I(a)		
190. DATE	OF OPERATION 19b. CON	DITION FOR WHICH OPERATIO	N WAS PERFORMED	20o. AUTO		20b. IF YES, WERE FINE CAUSES OF DEATH?	INGS CONSIDERED	IN CERTIFYING
■ OR CONTE	DENT WAS UNDERLYING RIBUTING CAUSE OF DEATH natify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Do P.M.		. HOW INJURY OO	URRED (Enter no	ature of injury in Part 1 or I	Part 2, Item 18.)	
While at work	Nat while at wark	CE OF INJURY (AT HOME, FARM OFFICE BUILDIN	G, ETC,	LOCATION Street		City or Town	County	State
sav car	v the dece ased al ive uses stated above, (I	aspital) attended the on Jan 10 (we)(dj d)(did not) v	1968	and that in (m	y) (our) opini	on death occurred on t	the date and ho	our and from the
22b. SIGNA	Alla	laneo	1	EGREE PHYS.	DIRE	CTOR PHYS.	22c. DATE SIGNED	
22d. PHYS NAM	E(Type) Robert	o de VIIIa			St. Lec	nard. Mary		
23o. BURIAL, CE REMOVAL		12 1919 181	NAME OF CEMETERY	OR CREMATORY	tones	23d. LOCATION (City or Town	n) (County)	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages I and spould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death Poge 4 may be retained by the hospital or attending physician.

VR A15.047 30M REV. 1/68

24. FUNERAL DIRECTOR

1 1 2	It	tem 22a Film 399 4-1 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		106×2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	632
HEALTH DEPT.		DECEASED-NAME First (Belinda) Middle Last 2a. DATE KNOWN Month Day OF ESTI-	Year 2b. HOUR
5 mg (=	3. 5	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HRS 2c. DATE PRONOUNCED DEAD lost birthoday) MONTHS DAYS HOURS MUN. Months	2d. HOUR
2, and PM3.	-	emale white 3-17-80 87 yrs. Jan 8	1968 1145
arm arm		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9.	r Mi
Page iith fr State		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. K	IND OF BUSINESS OR
after death 3. Give Page along with the Star with the Star eath.		rince Frederick Calvert County Hospital during most of working life, even if retired.) INDUST Housewife o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMSDE CITY LIMITS? 13e. STREET AND NUMBER	TRO
2004		odmission) STATE and 13b. COUNTY Cal vert N. Beach YES NO	
hours Item 1 Office I and 2	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
	1/2	Noah Yates Lydia (unknown) a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS.	
I within 24 n pencil in Examiner's Examiner's File pages n 72 haurs		a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (Yes, no, or unknown) (If yes give wor or dates of service) (If yes give wor or dates of service) (Yes, no, or unknown) (If yes give wor or dates of service) (Yes, no, or unknown)	
hed value of Es		DADT I DEATH WAS CALISED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical E. unsit permit. F event within		immediate cause (o) Pneumonia and fractured ankle/to fall	
pen ref M		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) FOUND OR Floor of home where the had follow	
ould read only any		Canditions, if any, which gave rise to immediate cause (a). Stating the underlying cause last. (b) Found on floor of home where she had fallen but to, OR AS A CONSEQUENCE OF 12 hours before and was last.	
		(c). [PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ertificate sh writing the warded to sed as a bu loval, and ir	z	9011 0	
is certificate she writing the forwarded to e used as a bu removal, and ir	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This be at This	CERTIF	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	YES NO
= = - ^	MEDICAL	PRIMARY TO CONTRIBUTING HOUR A.M. CAUSE OF DEATH HOUR A.M. P.M. 12-1- 1967	60,11
Antithe the sland of the sland	ME	WHILE NOT WHILE I factory, office building, etc.)	
EXA ecute Page or you R: Pag			ond in my opinion
DEPUTY Sessary, please execut e funeral director. Pag may be retained for y FUNERAL DIRECTOR: P		death resulted fram: Natural couses Accident , Suicide , Homicide , Undetermined manner	und in my opinion
Ty blease y, please and directe be retained taken by prior to b prior to b		CHIEF MEDICAL EXAMINER	
ry, perol be re RAL prio		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 225, UATE SIGNET	
o DEPUTY DICA necessary, please ethe funeral director 5 may be retained O FUNERAL DIRECT Health prior to bu		EAAMINER J	Maryland
the S n	230	do, BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Count	
			New York
VR A15ME (5)	24.	ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATION TURLED TO ME OWINGS, Marylan DATE JAN 15 1968	Judge
10M REV. 1/68	1	tulchum Tuneral Tomlowings, Marylandare JAN 15 1968 June	0

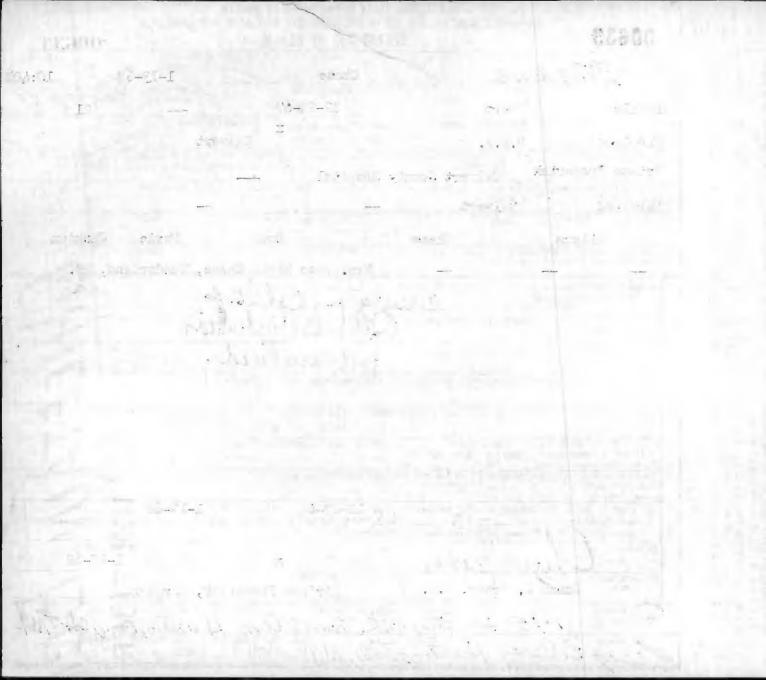
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		USA
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Street Street Street	MALONING PERIOD OF STREET	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00633 CERTIFICATE OF DEATH 00633 Lost 2g. DATE OF DEATH deoth DECEASED-NAME Middle 2b. HOUR 24 hours ofter death (Type or print) Year the ottending physicion and completely filled in by the funeral sit permit. Then please remove carbon papers. Poges I and Chase 10:40 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX remove carban papers. Poges I nony event, within 72 hours after MONTHS OAYS HOURS lost birthdov) 12-23-67 Female Negro 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)
Maryland DIVORCED | Calvert U.S.A. WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within give street address)
Calvert County Hospital during mast af working life, even if retired.) INDUSTRY Prince Frederick cremotion, or removal, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Mary Land YES [NO _ 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Wilson Marie Jackson Chase Rose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (if yes give war or dates of service) Yes, no, or unknown) Mrs. Rose Marie Chase. Sunderland. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-tronsit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ottending (os the prior to t O FUNERAL DIRECTOR: After this certificate hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? of Heolth p YES [NO [O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) poge 3 should be detached be filed with the State Dept. of 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 12-23-67, 19, to 1-13-68, 19, that (I) (we) last saw the deceased alive an 13, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave. (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR X 1-13-68 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S Osman Z. Ersoy, M.D. NAME (Type) Prince Frederick, Maryland director, 230. BURIAL CREMATION NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) unlingTowns

25a. RECD BY REGISTRAR

REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	170002		C	ERTIFIC	CALE OF	DEATH				0000	. 1
	CEASED-NAME First		Middle		Last		20. [DATE OF DEATH	4 0	м	2b. HOUR
(Ту	rpe or print}			C	ontee			t/	anth Day	3 1968	7.504
3. SEX	(4. RACE			5. DATE OF	BIRTH	1	6. AG	E (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
	male	negro			1-6	-68		lost	birthdoy) YRS.	MONTHS DAYS	HOURS MIN
7n BI	PTHPLACE (State or foreign	7b. CITIZEN OF WHAT O	OUNTRY?	B. MADDIED	□ NEVER MA		9. COU	NTY OF DEATH		IF UNDER 1 YEAR IF UI MONTHS DAYS HOU IZE. KIND OF BUSH INDUSTRY IZE. KIND OF BUSH IZE. KIND OF	
count	Maryland			WIDOWED		ORCED			Count	li ve	
10 00	TY OR TOWN OF DEATH	U.S.A.	OF HOSPITAL OR INST					PATION (Kind			Md
	ince Frederi	ck Calv	ert Cou	ntv	Hospia	tal during n	nast af w	vorking life, ev	en if retired.)	INDUSTRY	BUSINESS OK
13a, t	JSUAL RESIDENCE (Where deceased sian) STATE	lived, if institution:	Residence before	13c, CITY O	R TOWN	13d. INSIGE CITY	LIMITS?	13e. STREET A	ND NUMBER		
- Carring	Maryland	G	alvert	Hunt	ingto	wing.	10 X				
14. FA	ATHER'S NAME First	Middle	Last	1	S. MOTHER'S	NAIDEN NAME	First		Middle		Last
	John	Garre	tt Cont	ee			Pear	el I	orrain	ne I	Hall
16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b	SOCIAL SECURITY NO		INFORMANT				Address		
16	s, no, ar unknawn) (If yes give war		none	P	earl	Lorra	ine	Hall	Hunt:	ingtown	n, Md.
T	1B. CAUSE OF DEATH (Enter only	one couse per line to	r (a) (b) and (d)			/	×				
	PART I. DEATH WAS CAUSED	BY:	herro	1100	1	//		dille		OCI WELL O	THE OTHER
	1777 MMEDIAT	r chost (a)		aren	ung	100	ni	ccccn	٨	1	
	Carallel and Community of Community	DUE TO, OR AS A	CONSEQUENCE OF			(
	Canditions, if any, which gave a rise to immediate cause (a).	(b)									
	stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF								
	lost.	(c)									
	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED 1	O THE TERMIN	IAL DISEASE OR	CONDITIO	ON GIVEN IN PA	RT 1(a)		
2	776X				2						
9	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH O	PERATION WAS PERI	ORMED	20a. AU	OPSY?		20b. IF YES, V	PERE FINDINGS C	ONSIDERED IN CE	RTIFYING
CERTIFICATION					YES [T NO F		CAUSES OF DE	ATH?		
CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	URY	21c F				af injury in Pr	ort 1 or Port 2,	Item 18.1	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. M	onth Doy Year	1	y or mayner y	-conner (cit)	VI 1101010	at mark in the			
	(If either, notify medical examine	P.M.	19	Way M. Oak	0.0471041	0.00.11		***			F44.
	21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOFFE	CE BUILDING, ETC.	/**-) 21f. L	UCATION Str	eet or R.F.D. N	0.	City or Tav	/fl	County	State
	While Not while at work										
	220. I certify that (I) (this	hospital) ottende	ed the deceased	I from I	an 6	, 19_	68,	to Jan	8, 19	60, that	(I) (we) las
	saw the deceased ali	ve on lan.	8 - 10	SE ar	id thot in (i	ny) (our) ap	oinion d	leoth occurr	ed on the do	ate and hour i	and from the
	couses stated above,	(I) (we) (did) (did	not) view the b	bay offer	gegin.						
	22b. SIGNATURE	10000.	. 1		ANKENI	ING _	MED.	C STAF		DATE SIGNED	
	yeu	wenne		DEG	1113.		DIRECTOR	PHY:			
	22d. PHYSICIAN'S				22e. Al						
	NAME (Type) Robert	o de Vil	larreal	M	D.	St. L	eon	ard, N	laryla	nd	
23a	BURIAL CREMATION, 23b. DA	ATE	23c. NAME OF CE	METERY OF	CREMATORY		23d.	LOCATION (City	or Town)	(County)	(State)
		16-68	P] mn	a Pt.	Ch.	em	P	lum P	t.	Calver	t Md -
24. f	FUNERAL DIRECTOR		ADDRESS	- 14	U ED	Drc'n	DV DECK	CTDAD 9			
	Pinkuy E.	5	Prince	2000	1. Just	DATE DATE	12	1000	Minne	SIGNATURE	6
	1 commy 4.	· - DEUCU	1/cover	JELLE	- 1114	DAIL					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Lie executed within 14 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the formal director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages I and should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after deat Page 4 may be retained by the hospital or attending physician. VR A15 (4) (30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30635 CERTIFICATE OF DEATH 00635Middle Last First 2a. DATE OF DEATH 2b. HOUR Cox Sadie Ellen 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years lost buthday) MONTHS 7-27-85 female white 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH (ourty) Maryland Calvert County U.S.A. WIDOWED (X) DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Calvert County Hospita during most of working life, even if retired) Prince Frederick Housewife 130. LSUAL RESIDENCE (Where deceased lived, if institution. Residence before. 13c CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e STREET AND NUMBER 13b COUNTY Calvert Sunderland TES [NO X Marvland Middle Lost IS. MOTHER'S MAIDEN NAME First Lost Eleanor Ryon Alexander Wilkinson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, or unknown) (If yes give war or dates of service) Sunderland. 217-110-71105 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🖂 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State White Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from Jan. 15, 1968, ta Jan. 15, 1968, that (1) (we) last saw the deceased alive an Jan. 15, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 1-16-68 DEGREE PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type)

burial, crematian, ar remayal, and in any event, within 72 signed by the attending physician and campletely timed burial-transit permit. Then please remave carboa pape law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to

C. Jett. Page

1. DECEASED-NAME

3. SEX

haur

(Type or print)

14. FATHER'S NAME

230 BUR AL CREMATION REMOVAL (Specify)

23c NAME OF CEMETERY OR CREMATORY

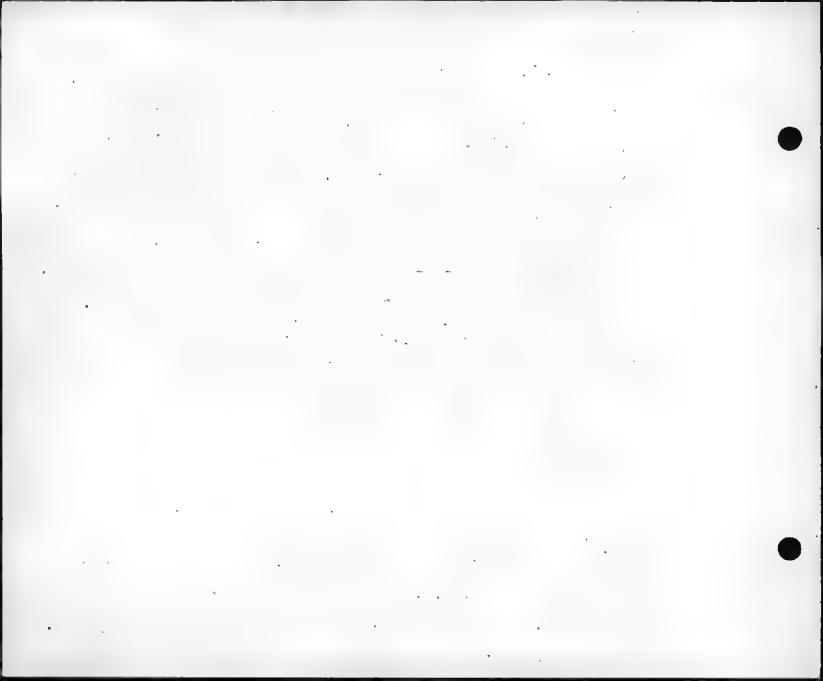
23d. LOCATION (City or Town)

Prince Frederick. Maryland

(State) Jan. 18, 1968 Mt. Harmony Church Cemetery Owings

Burial DIRECTOR

25b. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00636 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20 DATE KNOWNET Yeor (Type or Print) DEATH MATED IF JNDER 24 HRS 3 SEX 4. RACE 5 DATE OF BIRTH 2c DATE PRONOUNCED DEAD MONTHS To BIRTHPLACE (State or foreign COUNTY OF DEATH MARRIED NEVER MARRIED Give Pages with the Stat O CITY OR TOWN OF DEATH OSPITAL OR INSTITUTION 120 USUAL OCCUPAT 126 KIND OF BUSINESS OR INDUSTRY 130 USUAL RESIDENCE (Where decreased I ved, 'f institution's Residence before 13c. odmission) STATE 13b. COUNTY in Item 18. Office i and 2 v 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Middle 1 homas goges QUES the Chief Medical Examiner's 17. INFORMANT in pentil ADDRESS (Yes, no, or unknown) (If yes give wer or dates of service) 220-48-1032 File APPROXIMATE INTERVAL event within This certificate should be executed 1B. CAUSE OF DEATH (Enter only one couse per e for (o), (b) ond (c).) BETWEEN ONSE AND DEATH p≣rm.t "pending" PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Conditions, if any, which gove rise to immed of a couse (o). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 0 .⊑ PARTA 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140) ANCONSCIOUS removal, 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [ä 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R F D. No. WHILE AT WORK AT WORK Z 22a. I certify that I taak charge of the remains described above, held on Autopsy Inspection Inquiry and in my apihian Natural gauses N. Accident . death resulted fram: Suicide | Hamicide *Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE may E **EXAMINER'S** 5 may 10 IUIII Health NAME (Type) ADDRESS(Street, city, town, or county) 230 BUR AL, CREMATION, DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (Stote) 24. FUNERAL DIRECTOR REC D BY REG STRAR VR A15ME (5) 1GM REV 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06633 00632 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death. (Type or print) Frank Harris S. DATE OF BIRTH 3. SEX 4 RACE 6 AGE (in years MONTHS last birthday) 8-12-04 male negro signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pagibunal, cremation, or remaval, and in any event, within 72 hours o 9. COUNTY OF DEATH 7a BIRTHPLACE (State at fareign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Calvert County U.S.A. WIDOWED AT DIVORCED [Marvland 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Calvert County Hospital during most of warking life, even if retired) INDUSTRY Prince Frederick 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before the sapeake 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER odrussion) STATE Maryland 13b. COUNTY NO IX Beach 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Samuel Harris Diana Smith 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, ar unknown) (If yes give war or dates at service) 219-01-4490A-Pearl Morsell Huntingtown. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF War is 3 Wear Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the Page 4 may be retained by the haspital ar attending O IUNERAL DIRICTOR: After this certifimte has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 🗔 be detached far use State Dept af Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from Jan. 2, 19 68, ta Jan. 13, 1968, that (I) (we) last saw the deceased alive and an incomplete and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. MED. DIRECTOR 1-15-68 DEGREE directar, page 3 shauld be filed PHYS 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) Issam F. el Damalouji, M.D. Prince Frederick. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b1 DATE 17-68 (County) 23a. BOXIAL, CREMATION, REMOVAL (Specify)

St. Edmonds Ch. Cem

Sunderland

1968

25b REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR

Cal. Md.

30M REV, 1/68

FLINERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH 36638 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00638 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b HOUR (Type or print) Herbert Marv 5 DATE OF BIRTH 3. SEX 4. RACE IE LINDER 1 YEAR 6. AGE (In years last birthday) 8-3-80 female negro 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Calvert County Maryland U.S.A. WIDOWED X DIVORCED [signed by the attending physician and completely filled burial-transit permit. Then please remave carban pape ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (11 not in hospital 12g USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR Calve street oddress) County Hospital Domestic INDUSTRY Prince Frederick 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 136. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET AND NUMBER 13b. COUNTY odmission) STATE Maryland Sunderland 14. FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME First Last Sam Priscilla Janey Janey 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) 21 3-36-8255 John Herbert Sunderland. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY:
...
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH TROCH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t fHealth prior tab O FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County Stoře While Not while at work 22o. I certify that (I) (this hospital) attended the deceased from Jan 1, 19 68 to Jan 1619 68, that (I) (we) lost sow the deceased alive on Jan 15 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 1-16-68 director, page 3 shauld be filed v DEGREE PHYS 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Issam F Prince Frederick, Maryland Damalou ii . M. D. 23d LOCATION (City or Town) 230 BURIAL, REMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY

VR A15 (4) 3

requires that the death certificate be executed within 24 Lours after

24 FUNERAL DIRECTOR 250 REC'D BY REGISTR. Tred, Md. DATE JAN 19

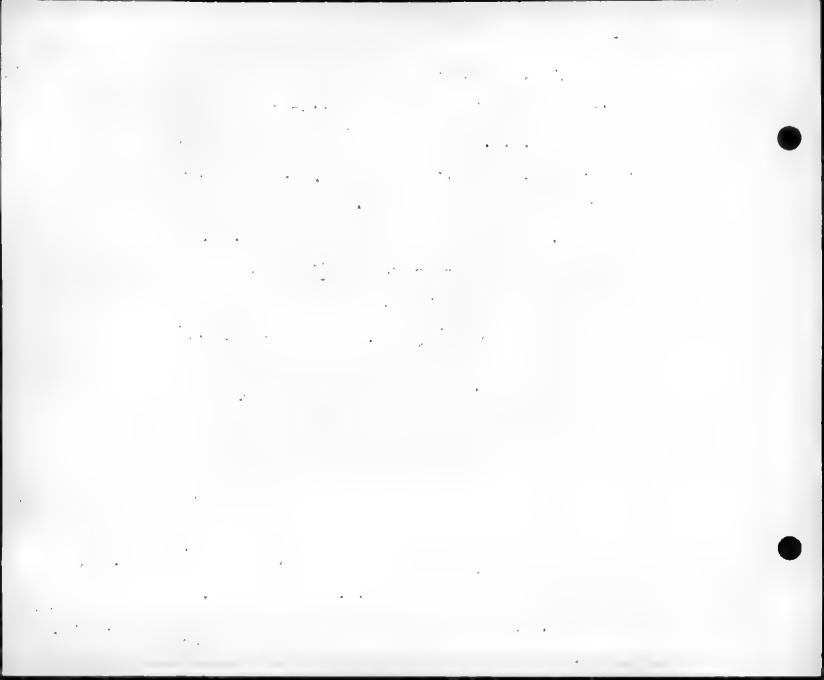
AR 25b. REGISTRAR'S SIGNATURE



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nin roll i	poges		WAS DECEASED EVER es, no, or unknown		OR CES? war or dates of service)	166 SOCIAL SECUR	ITY NO.	7 INFORMANT			ADDRESS			
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	ermit. Fi		1B. CAUSE OF D	EATH (Enter an	y ane cause per lir	ne for (a), (b) and	10/	1.16		1				ONSET AND DEATH
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-C - =	£ >		rise to immedia stating the unde	te cause (a), ((b) DUE TO: OR	AS A CONSEQUENCE	E OF	G/C/C	4					
should se word the Ch	burial in an		lost. 9/60	2.	(4)	//								
n == +-	B 2		PART 2 OTHER SEC	SNIF CANT COND	THONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED	TO THE TERMINAL	L DISEASE OR CO	NDITION GIV	EN IN PART 1(0)			
certificate writing th rworded *		N N	100	gree	- ps	erne								
	e used a removol,	Z Z	190 DATE OF OPE	RATION		19b. CONDITION FO WAS PERFOR		RATION					20 AU	V
ER: Th's certificate, ould be fo	_0	CERTIFICATION	Ol- EVIENNA CA	CE MAE	Jan. Ther or			MATTER THURST	OZZIBARD ZE Z			0 . 0 1		NO CY
11 11 12 12 12 12 12 12 12 12 12 12 12 1	should then, or		21a EXTERNAL CA PRIMARY OR C		HOUR A.A	1 1	, veor	rt. HUW INJURY	OCCURRED (Enter	r nature of	enjury in Part 1 or	Port 2, Ite	m IB.)	
NER Shou	sho sho	MEDICAL	CAUSE OF DEATH 21d INJURY OCCU	RRFD 21e F	P.M.		pet 2	1f LOCATION Stre	et or R.F.D. No.		City or Tawn		County	State
EXAMINER: cute the cert oge 4 should	your mes. lage 3 shou cremation,		1	WHILE TO	10/ attre building						211 0. 14444			31010
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CESSORY, I e funerol	FUNERAL DIRE		EXAMINER'S NAME (Type)	Missola	W. War	·d			DEPUTY MEDICAL I ADDRESS(Street, c			111		00
O DEPUTY necessary, the funero	E 2 - 0	230	BUMAL CREMAT C	nugn 23h	DATE TOTAL		OF CEMETERY	OR CREMATORY	יואפווכולנואמיי (TION (City or Town)	(County)	(State)
H	TO FUNER Health	1	REMOVAL (Specify		2-68			Ch. Ce	M.		untika «			Md.
	7 3	24	FUNERAL DIRECTOR				DDRESS .		25a RECD E			ISTRAR S S		
VR A 10M I	REV 1/68	-	Penkucu	E. 50	evell 1	Prince	Truc	1. mid	DATE F	EB ;	5 1908	Ma	30 23	(AAB



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00640 CERTIFICATE OF DEATH 00640 DECEASED-NAME Eirst Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month 7 7 / Year 68 King, Marcella Maud 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF LINOFR 1 YEAR IF LINCER 24 HRS lost burthdoy) HOURS White 7-11-21 Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED 🔼 NEVER MARRIED (ountry) Maryland Calvert U.S.A. WIDOWED [7] DIVORCED [7] 24 within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Cal vert County Hospital Housewife even frettred) INDUSTRY mmave carba Prince Frederick physician and campletely crematian, ar removol, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET AND NUMBER law requires that the death certificate be executed orth Beach YES□ NO 🛖 6th Street 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Lost Lost Catherine E. Davis A. Spangle Paul 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. If yas give war or dates of services Yes, no, or unknown) 218-16-1608 Hospital Medical Record no APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) barrial-transit rise to immediate couse (a). ģ DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be Detached for use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 218. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (1) (this hospital) attended the deceased fram_ saw the deceased alive an.... and that in (my) (aur) apinion death occurred an the date and haur and from the page 3 shows to see filed with the S causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED Jan. 15,1968 DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS NAME [1499] Roberto de Villarreal. M.D. St. Leonards. Maryland director, should ! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (Stote) (County) REMOVAL (Specify) So. Memorial Gardens Burial
24. FUNERAL DIRECTOR Jan.17.1968 Dunkirk Calvert 2So REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Melanlas **JAN 19** 30M REV, 1/68 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.0034

30643		CERTIFICATE OF DEATH	*	44000
1 DECEASED-NAME First	Middle	Last	20 DATE OF DEATH	2b. HOUR
(Type or print) Emory	Clarence	Leonard	I Month 4 20	7 .68 2:55
SEX	4 RACE	S DATE OF BIRTH	6 AGE (In years	HEUNDER 1 YEAR F UNDER 24 HRS
Male	White	1-9-92	last birthdoy) YRS	MONTHS DAYS HOURS MH
	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
country) Ohio	USA		Calvert	
O CITY OR TOWN OF DEATH			AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
ribce Frederic	k Calvert C	ounty Hosp. Bot	ost of working life, even if retired) OMIST	US. Gov.
30 USUAL RESIDENCE (Where decease	lived, if institution. Residence before	1		
odmission) STATE Marylanc	Calvert	Owings YES NO	· 🖳	
14. FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME F	irst Middle	Last
John	Leona	rd Alverta F	itzpatrick	
160. WAS DECEASED EVER IN U.S. ARME	or dates of suprice)		Address	
Yes, no, or unknown) (if yes give woo Yes W. War		8230 Donald Wes	t, Owings, Mar	ryland
	one couse per line for (a), (b), and (()-)	3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED IMMEDIAT	BY	LUNG BELLO C	Die wol	
1x5 2	DUE TO, OR AS A CONSEQUENCE O	F		
Conditions, if only, which gove	(6)	Ed wood for	· Deall	
rise to immediate cause (a), (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE O	F	<u> </u>	
last.	(c)			
PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)	
25				
190. DATE OF OPERATION 195. CO	INDITION FOR WHICH OPERATION WAS F	PERFORMED 20a. AUTOPSY?	206 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
E		YES NO	CAUSES OF DEATH?	
	E.C. Timiz of Introduct		r noture of injury in Part 1 or Part 2,	Item 18.)
DR CONTRIBUTING CAUSE OF DEATH	r) HOUR A.M. Month Doy Yeo	19		
ZIG INJUNI OCCURNED ZIG. I	LACE OF INJURY (AT HOME, FARM, STREET I	ACTORY,) 21f LOCATION Street or R.F.D. No.	. City or Town	Caunty State
While Not while at work	A DO TONIO ZIC	000	-	
22a. I certify that (I) (this	haspital) attended the decea	sed fram, 19 , and that in (my) (aur) api	to 51-68 1	9, that (I) (we) !
saw the deceased ali	ve an	.19, and that in (my) (aur) api	nion death accurred an the d	ate and haur and fram
22b. SIGNATURE	(1) (we) (ula) (ala fiat) view thi	e budy uner deutit.	22,	DATE SIGNED
220. SIGNATURE	in Lean		IED CTACE	L-27-68
22d. PHYSICIAN'S	<u> </u>	22e. ADDRESS	IKECTOR CO PRIS. CO .	
	El Damaloujin		Frederick. Mar	rvland
230. BURIAL, CREMATION, 23b. Da		- COMPTERY OR-CREMATORY	23d LOCATION (City or Town)	(County) (State)
REMOVAL (Specify)		ncoln Crematory		. ,,
24. FUNERAL DIRECTOR	ADDRE'S		Colmar Manor Pi	
	h's Sons Hvatts			

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the juneral director, page 3 should be detached far use as the burnal-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burnal, cremotion, or removal, and in any event, within 72 hours after death. VR AT5 (4) 30M REV. 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the d⊪ath certificate be executed within 24 hours after degth

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

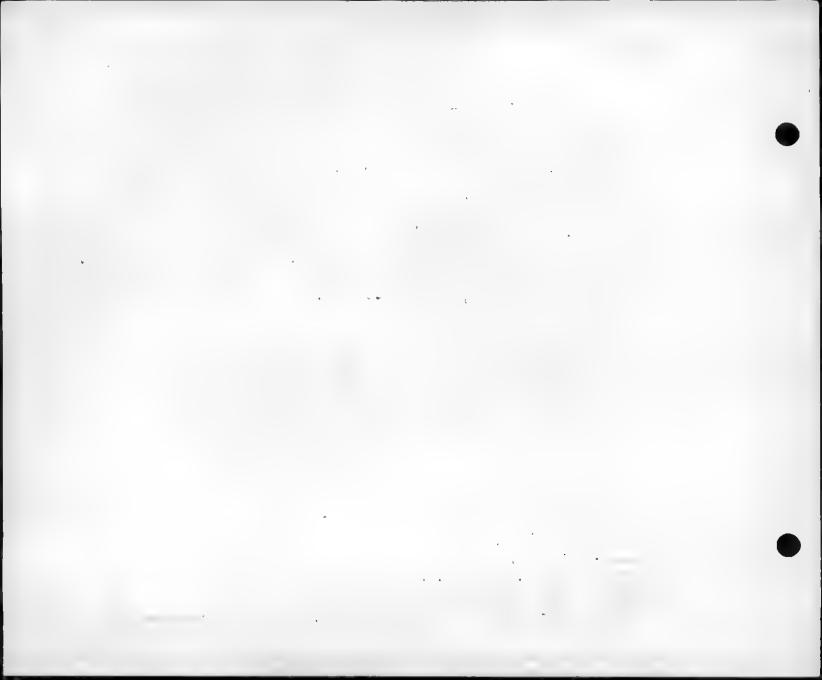
CERTIFICATE OF DEATH

00642

. DECEASED NAME	First	Middle		Last	2	a. DATE OF DEAT			2b. HOUR		
(Type or print)	Franklin	Joseph	Ma	ckall	. Jr.	1	Month Day	9 1968	1:00		
. SEX	4. RACE			DATE OF BIR		6. A	GE (In years	15 UNDER 1 YEAR IF	UNDER 24 HR		
male	negr	0		1-13	-68	los	t birthdoy) YRS.	MONTHS DAYS H	IOURS MI		
o BIRTHPLACE (State or	oreign 7b, CITIZEN OF WI		MARRIED	NEVER MARR		OUNTY OF DEAT					
ountry) Maryland	u.s.a.		WIDOWED [Cal	vert Co	ounty			
CITY OR TOWN OF DEA	TH 11. N	AME OF HOSPITAL OR INSTI				CCUPATION (Kind		126 KIND OF BU			
rince Fr	ederick de	street oddress) Lvert Cou	nty H	ospit	a during most o	if warking life, e ONE	even if retired)	INDUSTRY			
3a USUAL RESIDENCE (W dmission) STATE Marylai	nere deceased lived, if instituted and lab. COUNTY	non Residence before	3c. CITY OR T Hunti	ngtow	XEZ NO X		IND NUMBER				
4. FATHER'S NAME	irst Middle	Lost	15.	MOTHER'S MAI	DEN NAME First		Middle		Lost		
Fr	anklin Jose	ph Macka	11		Car	olyn	Ann	Sm'	ith		
60. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO		ORMANT			Address				
Yes, na, ar unknawn)	(If yes give war or dates of service)	none	Ca	rolyn	Ann M	ackall	Huntin	ngtown,	Md.		
	H (Enter only one cause per li							APPROXIMAT	E INTERVAL		
	MAC CATICED DV.							BETWEEN ONSE	AND DEATH		
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Canditions, if ony, w	,	AS A CONSEQUENCE OF									
nse to immediate	ouse (o), (b) (b)	AS A CONSEQUENCE OF									
stating the underly last.	ing cause Due 10, Ok	AS A CONSEQUENCE OF									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
DATE OF OPPOSIT	19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CON								IEVINE		
190, DATE OF OPERATI	JN 196. CONDITION FOR WE	IICH OPEKATION WAS PEKT	OKMED	20a. AUTOP		eath?	UNSIDERED IN CERT	IFFING			
190, DATE OF OPERATI			100	YES 🗌	NO _						
		Hanth Day Year	21c. HOV	INJURY OCCU	IRRED (Enter nat	ure of injury in I	Part 1 or Part 2, 1	Item 18.)			
OR CONTRIBUTING (If either, notify med	dicol exominer) P.M.	19									
White Not white at work	ED 21e PLACE OF INJURY	AT HOME FARM, STREET, FACTO OFFICE BUILDING, ETC	21f. LOC	ATION Street	or RFD. Na	City or To	wn	County	State		
220 I certify th	ot (I) (this hospital) off	anded the decensed	from J.A	n. 13	19.68	to Ja	n. 1919	68 that (I	\ (wa) !		
sow the de	ceosed olive on dan	1819	<u>රිධ්</u> , ond	thot in (my) (our) opinio	n deoth occur	red on the do	ote ond hour on	d from t		
couses stot	ed obove, (I) (we) (did)	(did not) view the bo	dy ofter de	oth.							
22b. SIGNATURE	1 ~	· Lean		ATTENDING	G MED	ATS		DATE SIGNED	_		
	, 20	المسترات و وو	DEGREE	PHYS.	LXL DIREC	TOR PH	is.	1-19-6	3		
22d. PHYSICIAN'S			***	22e. ADDR		7 *	. 16	7 7			
www.t.thell	ssam F. el			the same of the sa		1 10 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ryland			
3e (BURIAL CREMATION, REMOVAL (Specify)	23b. DATE	23c NAME OF CE				d LOCATION (Ci	ly or Town)	(County)	(State)		
	1-20-68	3 Patuxe	nt Ch	. Cem	l.			lvert C	0. M		
4. FUNERAL DIRECTOR	0.0	ADDRESS	, .		25o. REC'D BY RE	GISTRAR	25b. REGISTRAR S	SIGNATURE			
Fintine	y E. Sewel	L Pr- 7.	red.		DATE JAN	26 196	8 /	arles Jus	1		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00643 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First Middle Lost 2a DATE KNOWN N Manth Day (Type or Print) JAME S ALBERT MACKALL DEATH MATED 1/20 168 IF JINOER 24 HRS 4. RACE AGE (In years 2r DATE PRONOLINGED DEAD 3 SEX S. DATE DE BIRTH pup Just birthday) Male Negro 12/30/46 19 68 January 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [DIVORCED [Pages Maryland Calvert 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done within 24 hours ofter deoth 126 KIND OF BUSINESS OR Calvert oddess County Hospital during most of working life, even if retired.) Prince Frederick Give Gabor 4 should be forworded to the Chief Medical Examiner's Office along 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN with 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY Vert ddmission) STATE
Mary Land Oums Maryland Quing S YES NO XX lond 2 in Item 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME Mackall Marie Mackall James hours poges 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** pencil Owings-Md. (Yes, no, or unknown) Margaret, Mackall 219-46-6837 APPROXIMATE INTERVAL .⊑ be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN DISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive Spontaneous Intracerebral Hemorrhage DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a). This certificate shauld please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 100 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20. AUTOPSY? 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? YES KX NO 21a EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, SICAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R FD No. City or Town State County factory, affice building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy K., Inspection [Inquiry and in my opinion the funerol director. Natural causes 🔀 Axident 🗍 Suicide 🗍 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b, DATE SIGNED ASSISTANT MEDICAL EXAMINER X O DEPUTY Spit 5 moy | O FUNEI Health NAME (Type) ADDRESS(Street, city, tawn, or caunty) 23a BURAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Youngs Ch.Cem. Huntingtown Cal 24 FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR 256 REG STRAR'S SIGNATURE VR A15ME (5) 10M REV 1/68



30M REV 1/68

DATEJAN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06645 00645 CERTIFICATE OF DEATH Middle Lost 2g, DATE OF DEATH 2b. HOUR First Marv Frances Newman 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR "day) MONTHS 8-2-85 Female Negro 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED [DIVORCED [Calvert County U.S.A. WIDOWED X Marvland 17 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OF Give street oddress) Calvert County Hospital Domestic Prince Frederick 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Calvert Sunderland NO X 14. FATHER'S NAME Last 1S. MOTHER S MAIDEN NAME First Margaret E. Newman Joseph Proctor 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 220-18-9966 Myrtle T. Ray Sunderland. 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))
PART | DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH (Close i farm Crys to. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (onditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Cirunaly a Cular Schoon 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🗀

ase to immediate couse (o). stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 190. DATE OF OPERATION 21n ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from Nov. 10, 1967, ta Jan 1, 1967, that (I) (we) lost saw the deceased alive on Jan 1967 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.

ATTENDING PHYS

22e. ADDRESS

DEGREE

Roberto de Villarreal M.D. St. Loonard, Maryland

O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the Statu Dellit, of Health prior to VR A15 (4) 30M REV. 1768

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)

Page 4 may be retained by the haspital ar attending

by the attending physician and completely filled in by the transit permit. Then please remave carban papers. Pegge 1 crematian, ar remaval, and in any event, within 72 haurs after

signed by the attendir burial-transit permit.

law requires that the death certificate be executed within 24 hours after

1. DECEASED-NAME

(Type or print)

230. (BURIAL, REMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemekery ADDRESS 24. FUNERAL DIRECTOR

2So. REC'D BY REGISTRAR DATAN 10 1968

DIRECTOR

PHYS.

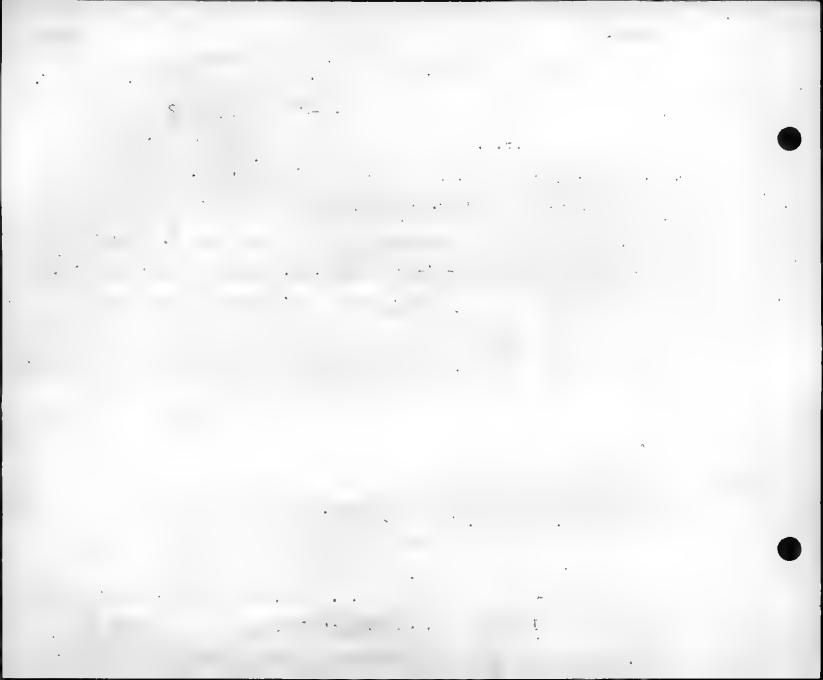
23d LOCATION (City or Town)

Wash. DC 25b REGISTRAR S SIGNATURE Milarles July

22c DATE SIGNED

1-5-68

(County)



0	MARYLAND STATE DEPARTMENT OF HEALTH	
EUD-CTATE	10646 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	646
HE WE DEPT	1 DECEASED NAME Fist Middle Light 20 DATE KNOWN Month Day	Yeor _ Zor HOUR
.≤ 3.	(Type or Print) Charmon Herrison - Marler DEATH MATED 14	182 4/09
d 3 d 3	3 SEX 1 4 RACE S. DATE OF BIRTH 1 6 AGE OF BOATS IF UNDER 1 YEAR IF UNDER 24 HRS 24. DATE PRONOUNCED DEAD	Zo HOLI
y de one pm3.	19 4 B/2-2-19/10 YRS	188 433
offer death 8. Give Poyles 1, 2, o olong with form PM with The State Depart	70. BIRTHPLACE ASIGNED TO COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH COUNTRY) WIDOWED DIVORCED	O N
# S 10		ND OF SUSINESS OR
ofter demth 8. Give Pom olong with with The Sto	Hove reserved	Xak~
s ofter death 18. Give Poss a olong with 2 with the Sta	T30 USUAL RESIDENCE (Where decreased lived, if institution Residence before Vis. CTY OR TOWN admission) SPATE 13b COUNTY 13c STREET AND NUMBER 13c OUNTY	
24 haurs in Item 1 's Offica is land 2 is offer d	14. FATHERS NAME First Middle LOST 15. MOTHER'S MAIDEN NAME First Middle Filen O 1 Ch	sefeth
hin nail i niner poge hour	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, of like grow war our dolles of sarry(s)) (Yes no, of like grow) (Yes grow war our dolles of sarry(s)) (Yes grow war our dolles of sarry(s))	2 1/1/
	- 184 - 0 - 880 poly 13 the state for the	APPROX MATE INTERVAL
bm executed "pending" in hief medical manage in hist permit f event within	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o)	APPROX MATE INTERVAL TWEEN ONSET AND DEATH
executed the secute of the sec	DUE TO, OR AS A CONSEQUENCE OF	
bill in	Canditions, if any, which gove nse to immediate cause (a), (b)	
shauld bare ne word "per a that Chief I buriol-transit	stating the underlying cause Due TO, OR AS A CONSEQUENCE OF	1
ote ships the value of the valu	PADE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAD BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS ON GIVEN IN PART HO	<i>f</i> '
	Mr. Allerand Att Count Hadden Collected	
is certific forward forward e used as	190. DATE OF POERAL ON 196 CONDITION FOR WHICH OPERATION 20	AUTOPSY?
rer de la serie	190. DATE OF POERAL ON 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY MORDING DAY, FED. 121c HOW INJURY OCCURRED (Fater nature of injury in Port 1 or Part 2, term IR.)	YES NO X
7/42 20		
(AMINERS) e to the certing the	PR MARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f OCCATION Street or R.F.D. No City or Town Count	ty State
KAM te th ge 4 /aur age crem	WHILE NOT WHILE AT WORK AT WORK office building, etc.)	
	22a. I certify that I took charge of the remains described above, held on Autopsy Inspection, Inquiry, o	nd in my opin or
se exector. Pour formed for ECTOR:	death resulted from , Natural couses , Accident , Suicide , Hamicide , Undetermined manner	
please direct retoine DIREC	ACTUAL AT 11 11 12 12 CHIEF MED CAL EXAMINER 1	/
ssary, funeral funeral sy be reported by being the principle of the principle system.	ACTUAL SIGNATURE M D ASS STANT MEDICAL EXAMINER 220 DATE SIGNED DEPUTY MED (AL EXAMINER 270 DATE SIGNED	8
	EXAMINER'S NAME (Type) H. W. Ward M.D. Swipper, Md. ADDRESS(Street, city, town, or county)	0
TO D TO FL	230 BURIA. CREMATION 23b DATE 23c NAME OF CEMETRY OR CREMATORY 23d LOCATION (City or Town) (County REMOVA. (Specify)) (State)
M	were jan, 1760 Somethe fill was am, stomphy alvert	(e. md.
VR ATSME TO	24 FUNERAL DIRECTOR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR 3 5 GNATU	Rt.
10M REV 1/60	C. C. Harseness , sen / Ser Nepureso, Mer. DATE J. A. 9 1968 Charles	1



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	110041		CERI	TIFICATE OF DEAT	'H		006	47
	CEASED-NAME First		Middle	Reiser	20. DATE OF D	EATH Month 23 Day	68 Year	2b. HOUR
3. SE	X	4 RACE		S. DATE OF BIRTH	-	AGE (In years lost birthday)		IF UNDER 24 HRS. HDURS MIN
	BIRTHPLACE (State or foreign htry)	75. CITIZEN OF WH	, WID	RRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF D	+		Mo
P	ITY OR TOWN OF DEATH INCO Frederick USUAL RESIDENCE (Where decen	give si	ME OF HOSPITAL OR INSTITUTION TO THE OF HOSPITAL OR INSTITUTION TO THE OF HOSPITAL OR INSTITUTION TO THE OFFICE OF THE OFFI	County Hes Duri	USUAL OCCUPATION () ng most of working lif LIAIEMAN CITY LIMITS? 13e STRE	e, even if retired.)	12b. KIND OF BI	USINESS OR
adm	ission) STATE md.	13b COUNTY PRINC	E GEORGES COT	tage City YES A	NO□ 3813	3 Cottage	Terr	
	ATHER'S NAME First	Middle	Reiser	IS. MOTHER'S MAIDEN NA	alice.	Middle	1310	aden
	WAS DECEASED EVER IN U.S. ARI es, no, or unknown) (If yes give	MED FORCES? war or dates of service)	377096010	Helen M. F	PAILEY	BOX Address 2	M. ZWe	D,
	18. CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE		e far (a), (b), and (c).)	Heari F	. Dulio		APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	(b) Due to, or a	S A CONSEQUENCE OF					
CERTIFICATION	PART 2. OTHER SIGNIFICANT CO		ING TO DEATH BUT NOT REL	ED 20a. AUTOPSY?	20b. IF Y	N PART I(a) ES, WERE FINDINGS CO. F DEATH?	NSIDERED IN CER	RTIFYING
MEDICAL CERTI	21a ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exami	TH HOUR A.M.	Manth Day Year	21c. HOW INJURY OCCURRED	(Enter nature of injury	in Port 1 or Port 2, Ite	em 18.)	
ME	21d INJURY OCCURRED 21e While Not while at work at work					Town	County	State
	22o. I certify that (I) (the saw the deceased c couses stated above	nis hospital) atte blive on e, (I) (we)(did)(nded the deceosed fro 23 - 52 19 did not) view the body	om	19 <u>&S</u> , to) opinion death oc			(I) (we) los nd from th
	22b. SIGNATURE	1) one	J. W.J.	DEGREE PHYS.		STAFF D 22c D.	ATE SIGNED	8
L	22d. PHYSICIAN'S NAME (Type) ISSO TO	. el Dam	ralouji		ed. Hd			-
B	REMOVAL (Specify)	N 9.7.196		KEFI CEW	23d LOCATION WASH	INGTON,	Die	(State)
24	FUNERAL DIRECTOR HAMP	SERS GO	, PIVERDALI		JAN 29 1	25b REGISTRAR'S S	SIGNATURE SECULAR	edge.

VR A15 (4) 30M REV 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fundral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers tages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours after death-

O NOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the hospital or attending physician



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00648

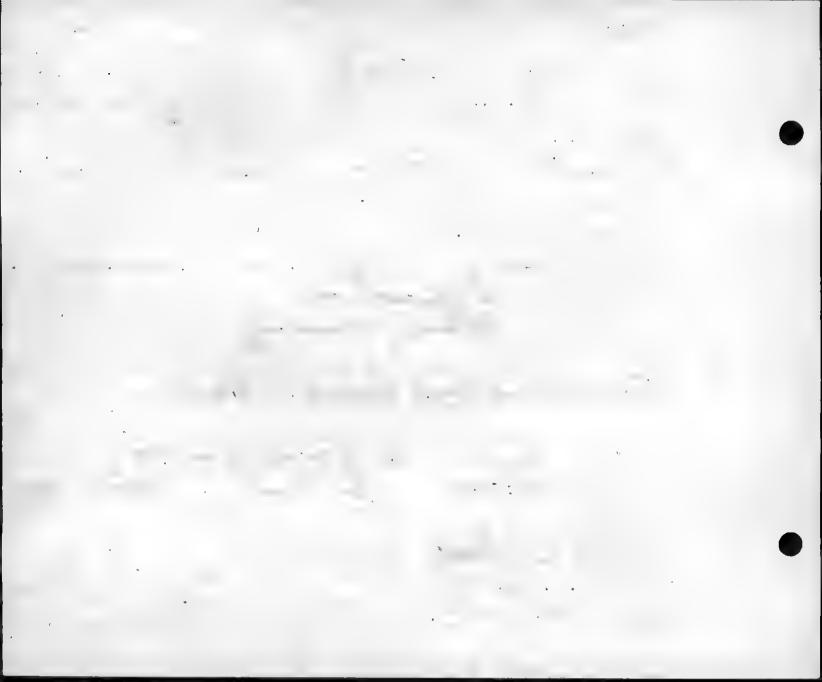
И	I De	CEASED NAME For	c)	Middle		Lost	2	g. DATE OF DEATH			2b. HOUR
		vpe or print)				E041	1	Month	Dpy	Year	
	,		advs	Mav		cott		1	5	1968	
	3. SE	Х	4 RACE			S. DATE OF BIRTH		6 AGE (In	70012		IF UNDER 24 HRS
		female	white			3-26-1	-7	lgst birth	YRS.	MONTHS DAYS	HOURS MIN.
	7a B	RTHPLACE (State ar foreign	7b. CITIZEN OF WH	IAT COUNTRY?	B. MARRIED [7	NEVER MARRIED	9. C	OUNTY OF DEATH			
	cayn	laryland	U.S.A.		WIDOWED			Calvert (Count	37	Md
		ITY OR TOWN OF DEATH		ME OF HOSPITAL OR INS	TITUTION (IE no	t in hasnital		CCUPATION (Kind of w		112b, KIND OF B	ALC INTECC UB
j	Pr	ince Freder	ick Cal	treet oddress) Lvert Cou	ntv I	lospital	uttna most a	if working life, even it USOWITO		INDUSTRY	03111232 QK
	13a	USUAL RESIDENCE (Where dece	ased lived, if instituti	an-Residence befare	13c CITY OR	TOWN 3d. IN	SPOE CITY LIMITS?	13e. STREET AND N	UMBER		
7		ssion) STATE Maryland	13b. COUNTY	Calvert H	rince	Freder	L NO X	1			
1	14. F	ATHER'S NAME First	Middle	Last	15.	MOTHER'S MAIDEN	NAME First		Middle		Lost
1		Moody		Ramser	7		E11:	8.		G	ott
		WAS DECEASED EVER IN U.S. A es, no, or unknown) (If yes giv	RMED FORCES?	16b. SOCIAL SECURITY N	10 17. IN	FORMANT			Address		
		no, or oriknowity		Marin .	Ar	chie So	ott	Prince	Fred	erick.	Md.
1		18. CAUSE OF DEATH (Enter	anty one cause ner lin	e for (a) (b) and (di.)	()	, ,				APPROXIM	ATE INTERVA. SET AND DEATH
		PART I. DEATH WAS CAUS	SED BY DIATE CAUSE (a)	Ecute	العالما	Halan	lur	_		DITITE ON	AT AND DEATH
		, , ,		S A CONSEQUENCE OF	Λ	~/.					
		Conditions, if any, which gove		nurse	ando	40 L	1/0-	· lisa	1		
		rise to immediate cause (a)	(D)	S A CONSEQUENCE OF	2000	20(3)	7		L		
		stating the underlying causi lost.	e Due 10, OK A	S A CONSEQUENCE OF			(/				
			, (c)							-	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)									
	NO	ofter 8									
V	S.	19o. DATE OF OPERATION 19	6 CONDITION FOR WHI	CH OPERATION WAS PER	RFORMED	20a. AUTOPSY?		20b IF YES, WERE		NSIDERED IN CER	ATIFYING
X	CERTIFICATION				YES MO			CAUSES OF DEATH?			
		21a. ACCIDENT WAS UNDERLY			21c. HO	W INJURY OCCURRE	D (Enter not	ture of injury in Part 1	or Port 2, Ite	em 1B.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF OR (If either, natify medical exor		Month Day Yeor							
		21d INJURY OCCURRED 21		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		ATION Street or E	ED No	City ar Town		County	State
		While Nat while at work at work		OFFICE BUILDING, ETC.	/			an junio			5.0.0
		22a. I certify that (!) (this baseltall est		al from T	27	10.67	to Tan	- 10	68 that	(I) (a) land
		saw the deceased	alius an u 18.1	naed the decease	. 60mm	that in (my) (a	ur) aninia	n death accurred a	on the dat	o and have a	(i) (we) idsi
		causes stated aba	ve. (I) (we) (did)	(did nat) view the l	oady after d	eath.	or) aprilia	ii deaiii accoirea i	All file duli	e und nabt a	no nom me
		22b. SIGNATURE		,					22c. D/	ATE SIGNED	
		17/11/	1001-	11-5	DEGRE	ATTENDING E PHYS	MED.	TOR STAFF	□l 1.	-5-68	
ŀ		22d. PHYSICIAN'S	x crc			22e. ADDRESS	Binet	111100		,	
1		NAME (Type) Geor	ge J. We	ems. M.I).	Hunt	ingt	own. Mary	rland		
	23a.		o DATE	23c NAME OF	EMETERY OR	PEMATORY	23	Bd LOCATION PGIX OF		(County)	(State)
		REMOVAL (Specify)	an. 8. 196	8 Commo	//	Lemote	en l	Vunting time		erf 6.	
\	74	FUNERAL DIRECTOR	176	ADDRESS	THE LOS	/	REED BY RE		REGISTRAR'S S		
U	*	a.a. Harking	sel i dos	Vout 12	Rullio	////	JAN	9 1968		rlas Yu	4.00
						/ DAI	UMI	0 1300	Town and the same of the same	TUNI YAL	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a<u>ster d</u>eath. the Toneral O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tardinctor, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1—Though be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after Page 4 may be retained by the haspital ar attending physician.

JOM REV. T



1	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00649
FOR STATE	MEDICAL EXAMINER STEERING OF DEATH	J (J (J-X1)
HEALTH DEPT.	1. DECEASED NAME First Middle Grant Middle Grant Middle Grant Middle Grant Month Di	ay Year 2b HOJR
÷ 5 5 5	TOURS STANLE DEATH MATED X	(D 1968 833)
and 3	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years In Judge 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN MONTH DOY 26	Yeor .96 915
2, 2, n	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9/COUNTY OF DEATH	
7 5 m	Washington D.C. USA WIDOWED D VORCED WORKED	M
death Pages Ann to	[12] TIP JURI JUN OF DEATH [1]. NAME OF HOSPITAN OR PASTITUTION [If not in hospito] 220 USUAL OCCUPATION [Kind of work done] 12	b KIND OF BUSINESS OR DUSTRY
28 277	Bricklaver C	onstruction
s after 18. Give along with the	130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d JASTOE CITY LAMIS? 13e STREET AND NUMBER 13b COUNTY	
	Maryland Calvert Ches. Beach 18 1 10 2	
hours Item 1 Office I and 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	tos*
2 6 8 8	Lawrence D. Smith, Sr. Catherine O'Neill	
I within 24 Examiner's File pages 72 haurs	160 WAS DECEASED EVER IN U. S. ARMED FORCES? 160 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give wer or dozes of security)	
writ your year	(Yes, no, or unknown) (If yes give wer or dries of service) (If yes gi	Waldorf, Md.
	18 CAUSE OF DEATH (Enter only one couse per limit or (o), (b), and (c)) PART I. DEATH WAS CAUSED 89:	BETWEEN ONSET AND DEATH
d be executed d "pending" . Chief Medical Iransit permit. y event within	IMMEDIATE CAUSE (a)	
sit p	Conditions, if any, which gave) DUE TO, OR AS CONSEQUENCE OF	
	rise to immediate couse (a), (b)	
a de la de l	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
is certificate to, writing the farwarded to used as a bremaval, and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certification writing farwarded used as a smaval, an	196 DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION	20 AUTOPSY?
s certilis, writ farwal used	196 DATE OF OPERATION 196 COAD T ON FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 1216 TIME OF INJURY Month, Doy, Year A 21c, HOWADARY OCCURRED (Enter nature of injury in Part 1 or Part A term	YES TO NO NO
This ficate be f	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21 HOWANNURY OCCURRED (Enter noture of injury in Port 1 or Port Astern	7.
T T T		,
INER e cer shou fries. 3 sha atiar	21d IN.JRY OCCURRED 21e PLATF IN IURY (At home form street 216 JR OTION Street or RED. No. C tv or Town	County / State
EXAMINER: cute the cert age 4 should ryour fies. Page 3 should, crematian,	AT WORK AT WOR	rt mo
ICAL E exect for. Page far CTOR: burial,	22a certify that I taak charge of the remains described above, beld an Autopsy Inspection Inquiry	ond in my spinion
Se e ctor ctor need a beu	death resulted from Natural couses 🗌 , Accident 🛃 , Suicide 🗍 , Hamicide 🔲 , Undetermined manner 🗌	}
ITY BIC ry, please e eral director be retained RAL DIRECT	ACTUAL ACTUAL CHIEF MED CAL EXAMINER CONTROL CALL EXAMINER CONTROL CON	. /
urry, ple neral driveral drivers be retro	SIGNATURE MD ASSISTANT MEDICAL EXAMINER (NED Z
CEPUTY Kessary, F e funeral may be r FUNERAL ealth price	EXAMINER'S NAME (Type) H. W. Ward ADDRESS(Street, city, town, County)	0/0/
o DEPUTY necessary, the funeral 5 may be a 6 FUNERAL Health pri	THE RESERVE OF TRACE OF	(5)
7 + 5 2	REMOVAL (Specify) Ton 07 3 0 CO	ounty) (Stote)
	Burial Washington 24 FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR 256 REGISTRAR 5 SIG	D.C.
VR ATSME (5)	Hutchins Funeral Home Owings, Maryland JAN 23 1968 floor	By Judge
10M REV 1/68	owings, marytanger	_ (/ /



DIVISION OF VI

MAKTLAN	ל עו	IAIL	DEPAK	IMENI	OF HEALTH		
TAL RECORDS,	301	W. I	PRESTON	STREET,	BALTIMORE,	MARYLAND	21201

	11000	U			CERTIF	ICATE OF	DEATH					006	50	
	ECEASED NAME	First		Middle		Last	· · · · ·	2a i	DATE OF DEATH	41-	0	V	2b	HOUR
_ (Type or print)	Wil	liam	Webst	er	Smit	h		me	onth 1	Ogy	196	810	35 al
3. S	EX	_	4. RACE			5. DATE OF E	BIRTH			E (In years		UNDER I YEAR	IF UNDER	24 HRS
١,	male		negr	0		9-1	5-92		IOST	birthdoy)	YRS.	C1KG CH1M	NDCKS	Belle
	BIRTHPLACE (Stote o	r foreign	7b. CITIZEN OF WI	HAT COUNTRY?	B. MARRIE	D 🔼 NEVER MA	RRIED	9 COU	NTY OF DEATH				-	
COU	mtry) Marvl:	and	U.S.A		WIDOWE		RCED 🔲	C	alvert	Col	ants	V		М
10.	CITY OR TOWN OF D		11. N		I) MOITUTITZ	f not in haspital	12a. USU					12b KIND OI	BUSINESS	OR
P	rince F	rederi	ick Ca	street oddress) Ivert Co	untv	f not in haspital Hospi	tal I	ost af v	varking life, ev	en if retire	(d)	INDUSTRY		
130	USUAL RESIDENCE (ed lived, if institut	on: Residence before	13c. CITY	OR TOWN	13d INSIDE CITY L	IM TS?	13e STREET AN	D NUMBER				
odm	ession) STATE	vland	13b. COUNTY	alvert	Lu	sby	YES NO) <u>K</u>						
14.	FATHER'S NAME	First	Middle	Last	, , , , , , ,	1S. MOTHER'S A	AIDEN NAME F	irst		Middle	e		Lost	
	J	ames	Edwa	rd Smit	h		A ₁	nni	е			E	roo	ks
	. WAS DECEASED EVE			166 SOCIAL SECURITY		INFORMANT				Addres	is			
Ι'	res, na, or unknown) V ⊖ S	1 1 Yes give wi	at or dates of service}	217-18-2	171	Ruth I	ee			Lu	sby.	. Md.	,	
		ATH (Enter one	v one couse per li	ne far (a), (b) and (c)			- 		· · · · · · · · · · · · · · · · · ·				IMATE INTERV	
	PART 1. DEAT	H WAS CAUSED	BY:	1	re	our						2	p /	2
		, immedia	TE CAUSE (a)	AS A CONSEQUENCE OF								/	Th	4.0
	Conditions, if any,	which gove	DOL TO, OK I	LIO !		colir	_	-	-			-		n
	rise to immediat		DUE TO, OR	AS A CONSEQUENCE OF	-/			~						_
	stating the under	riving cause	(c)	(Ha	belin	n	ellit	2				
	PART 2 OTHER SIG	GNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT N	IOT RELATED	TO THE TERMIN	AL DISEASE ORG	ONDITIO	ON GIVEN IN PA	RT 1(o)		-		-
_														
MEDICAL CERTIFICATION	19a. DATE OF OPERA	ATION 19b. (ONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a AUT	OPSY?		20b. IF YES, W		GS CONS	IDERED IN C	ERTIFYING	3
띒						YES [] NO [CAUSES OF DEA	ITH?				
ER E	21a. ACCIDENT W					HOW INJURY OF	CURRED (Ente	r noture	of injury in Pa	rt I or Por	t 2, Item	1 1B.)		
ğ	OR CONTRIBUTING			Manth Day Year	9									
WE.	21d INJURY OCCU	RRED 21e		AT HOME, FARM, STREET, FA		LOCATION Stre	et ar R.F.D No		City or Tow	'n	(County	S	tate
ı	While Nat what work of work	rk 🔲		COUNTRY BUILDING, ESC	1									
	22o. I certify	thot (I) (the	s hospital) att	ended the deceas	ed from_	Jan. 8	, 19_0	<u>58,</u>	to Jan.	, 9,	196	<u>රිරි, tha</u>	t (l) (w	e) los
ı	sow the	deceosed of	ive on Ja	m 9	19 <u>.68</u> , c	ind that in (n	ny) (our) opi	nion o	deoth occurre	ed on the	e dote	ond hour	ond fro	m th
	22b. SIGNATURE	ored obove	(we) (aid)	(did not) view the	body offe	r deoth.					no. DAT	E SIGNED		
	22B. SIGNATURE	111	Mla	new	> "	GREE PHYS	ING 🔀 Å	AED IRECTOR	STAFF			= 9=68	3	
	22d. PHYSICIANS	2000			DE	GREE PHYS		IRECTO	PHYS					
	NAME (Type)	Rober	to de V	illarrea	1. M	.D		. L	eonard	i. M	arv	land		
23a	BJBMZ, CREMATION					OR CREMATORY			LOCATION (City			(ounty)	(State	1
130	REMOVAL (Specify)		13-6		_	h.Cem		4	US by	OF TOWIT)		nk.	me	
24.	FUNERAL DIRECTOR		15-0	ADDRESS		11.72.14	2Sa REC'D B			b REGISTR		-	11.0	1
1	0 - bu.	1/500		10-1 9	7-1"	md	NALTAN	19		och			弘	

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

				PILLIFE	IL OI DEAIL	•			
	146 (34 8/14	irst	Middle		Last	2a. DATE O			2b. HOUR
(Type	or print) Har	. A. ch.	Clevelar	nd St	allings		Month D	ay Year	682:00
3. SEX		4. RACE	VI 0 1 0 II 0 II		DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	R IF UNDER 24 HRS.
	male	2.1	nite		9-3-78		last birthday)	MONTHS DAT	YS HOURS MIN.
	IPLACE (State or foreign			B		9. COUNTY O	10/	2:	
(vataunts)					NEVER MARRIED				
	aryland	U.S.A		WIDOWED	DIVORCED		ert Coun		N
	OR TOWN OF DEATH		NAME OF HOSPITAL OR INST ive street address	,			(Kind of work done		OF BUSINESS OR
	nce Frede			inty H	ospital"	Farmer	life, even if retired.)	, III	
13a. USU	AL RESIDENCE (Where de			13c. CITY OR TO		140. 0	FREET AND NUMBER		
Mar	yland	13b. COUNT	lvert	Dunki	PES YES	NO [A]			
	ER'S NAME First	Midd	le Last	IS. M	OTHER'S MAIDEN NAM	E First	Middle		Last
	Frank		Stallin	7079		Lessie		т	avlor
	S DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY N			IC N B + C	Address		Aylor
	a, ar unknawn) (If yes !	pve wor or dates of service	213-112-5	706 A	nnie Cat	+ o = + o =	Bris	etol	5M
		e anto ano causo a	er line far (a), (b), and (c).)			 		APPR	OXIMATE INTERVAL
10.	PART I. DEATH WAS CA	USED BY:	acelo	1000	218111	Mool	WA. no	BETWEE	N ONSET AND DEATH
	IMN	EDIATE CAUSE (a) _	uccu	pu	ecevij	1. Le cer	MY (1)	16	1281
1 1 4	110.0		OR AS A CONSEQUENCE OF	1.	0 10	201	1 Die		
	iditians, if any, which go to immediate cause (are	- Xa	age uc	Civ	, coma	RS	V
sta	ting the underlying cau		OR AS A CONSEQUENCE OF	-	, 111	10.1	. 1		
	.4201		Myperle	MRIM	y Mi	Lenat	TUNIU		
PA	RT 2. OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DEATH BUT NO	T RELATED TO TH	HE TERMINAL DISEASE (OR CONDITION GIVE	N IN PART 1(a)		
22	Tello	dia	19	60					
CERTIFICATION 061	DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY?		F YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
Ē					YES NO	CAUSE	S OF DEATH?		
	. ACCIDENT WAS UNDER		E OF INJURY	21c. HOW	INJURY OCCURRED (E	nter nature of inju	ry in Part 1 or Part 2	, Item 18.)	-
	OR CONTRIBUTING CAUSE OF either, natify medical ex		.M. Manth Day Year						
Q 21	d. INJURY OCCURRED		RY (AT HOME, FARM, STREET, FACT	ORY, 1 21f. LOCAT	TION Street or R.F.D.	No. Cit	y ar Tawn	County	State
W	rark Nat while at wark		OFFICE BUILDING, ETC.)	., ., ., ., ., ., ., ., ., ., ., ., ., .			,	
22	of work	(this bassital)	attended the decess	d from I	an 2 10	68 to	ien 171	0 68 th	at (I) (wa) to
22	o. I cermy mar (i)	(mis nuspiral)	ottended the deceose	68 and t	hat in (my) (our)	oninion death	occurred on the	date and ha	or (i) (we) id
	couses stated ob	ove, (I) (we) (d	lid) (did not) view the b	ody ofter dec	ith.	opinion acom	occomed on the c	adic dila ila	, and nom n
226	SIGNATURE	12,	1	-				c. DATE SIGNED	
1	2011	2/11	BAX	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF JE	in. 17,	1968
220	. PHYSICIAN'S	-			22e. ADDRESS	21712 01 011			
	MAME (Time)	ge C. J	lett. M.D.		Prince	Frede	rick. Me	arvlan	d
22a BII		3b. DATE	23c. NAME OF C	EMETERY OF CO			ON (Gty ar Tawn)	(County)	(State)
REI	1.35 25 1110.6		.968 So. Men			Dunki		lvert	Md
Bur	CAN DIPLETON	an. 20,1	ADDRESS	ortal .			2Sb. REGISTRAL		Md
24. JUN	ERAL DIRECTOR		Hann Owin	14		IAN 23	1968	2014 B	Lucion
1 5-11 /	11114000011	0 . 1 50 111	7 14 4447 113111	ET SE IN CO.	THE I IS NO WHATE W	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11.73.71.7 db	1 - Table 1	31

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 liaurs after death Page 4 may be retained by the hospital ar attending physician.

30M REV

10000 DE300 STORING ART LINE OF THE OWNER. may high .-Alte Executed Commission and in Congress as a small of the The transfer of the second of

FOR STATE DEPT.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functal director. Page 4 should be forwarded to the Chief Madical Control of the control of th

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State De

5 may be retained for your files.

VR A15ME (5) 10M REV, 1/68

TO DEPUTY

Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

artmentof

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

00659

31	MLDICA	L EVAMILIATIVE 2	EKTITICATE OF	DEATH	000	Je Ja
	DECEASED-NAME First (Type or Print)	Middle	Lost	2a. DATE KNO	OWN Month Day	Year 2b. HOUR
	ROY E	awara	VYOOG IF UNDER 1 YEAR IF	DEATH MA	100000	1998 M
3. 1		6. AGE (In years last birthday)	MONTHS DAYS HOL	Tr. PAIL I DOI	YOUNCED DEAD Day OF Ye	
7	Male White Septial	1909 58 YR		70	n. 20	1968 3 G.M
	BIRTHPLACE (State or foreign 7b, CITIZEN OF WHAT		ARRIED NEVER MARRIED DOWED DIVORCED	(1)	+07	-
10	CITY OR TOWN OF DEATH 11. NAME	OF HOSPITAL OR INSTITUTION		2g. USUAL OCCUPATION (Kin	d of work done 112h Ki	Md. ND OF BUSINESS OR
) 10.		at address)		luring most of working life,		
130	. USUAL RESIDENCE (Where deceased lived, if institution	n: Residence, before 13c. CII	Y OR TOWN 13d. INSHD	E CITY LIMITS? 13e. STREET AL	ND NUMBER	- and
	admission) STATE Md. 13b. COUNTY C	livet St.	Leonard YES	NO	rural	
14.	FATHER'S NAME First Middle	Last	15. MOTHER'S MAIDEN N	IAME First	Middle	Last
	Edward (2)	Wood		Ralle	Louise	Weems
	You no or sentences 1 to the second to the second	b. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	1 m
	No - 40.	18-14-6672	Milda Id	mer Wann	- Ut. Lea	maro, Md
	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c).)	1.	411		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	62	ardiac 1	alluxo.		
-		A CONSEQUENCE OF				
	rise to immediate cause (a).					
	stating the underlying couse DUE TO, OR AS	A CONSEQUENCE OF				
	lost.					
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1(a)	
Z	7624					
AFTO	190. DATE OF OPERATION 19	b. CONDITION FOR WHICH O	PERATION		2	O. AUTOPSY?
CERTIFICATION		WAS PERFORMED?				YES NO
		URY Month, Day, Year	21c. HOW INJURY OCCURRI	ED (Enter nature of injury in I	Part 1 or Part 2, Item 18.)	
MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M.	19				
뿧	21d. INJURY OCCURRED 21e. PLACE OF INJURY (A1 I		21f. LOCATION Street or R.F.	D. No. City or To	own (oun	ity Stote
	WHILE NOT WHILE foctory, office building, at work	etc.)				
	22a. I certify that I taak charge of the	remains described aba	ve, held an Autopsy [, Inspection	, Inquiry , o	and in my opinion
		Accident			nined manner	, , , , , , , , , , , , , , , , , , , ,
	1/1/1/		CHIEF MEI	DICAL EXAMINER		
	SIGNATURE TWWW.		M.D. ASSISTANT	MEDICAL EXAMINER	22b. DATE SIGNED	110
	EXAMINER'S	1		MEDICAL EXAMINER	1/28	2/62
-	NAME (Type) H. W. Was	d		Street, city, town, or county)	Churing 5	md.
23	BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION (Cit	y or Jown) (County	y) (State)
	REMOVAL (Specify)	WS Ashu	tu Comotor	Ey Bar	Tow lake	st. md.
24	FUNERAL DIRECTOR	DORESS	+ 111 - 250.	MEC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATU	JRE
	(1. () Harkause Y)	on lost Tep	ublic Ma DATE	141 3 0 190	O Knowledge	1

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	S. Sait Lab		
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